DLN: 93493278002421

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

A Fo	r the	2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-201	0		
		C Name of organization		D Employe	ridentification number
_	dress ch	GON OWNERS OF AMERICA INC		52-125	5643
— _{Na}	me cha	Doing Business As			
_				E Telephon	e number
_	tıal retu	9001 FORBES DIACE NO 102	Room/suite	(703) 32	21-8585
Ter	mınate	ed 00011 OKBES 1 BACE NO 102			
- Am	ended		•	G Gross rece	eipts \$ 1,867,312
— _{Apı}	plication	SPRINGFIELD, VA 221512205 n pending			
		F Name and address of principal officer	H(2)		filiates? Yes No
		LAWRENCE PRATT	in(a) is this a	group return for ai	milates / Yes / No
		8001 FORBES PLACE NO 102	H(b) Are all a	affiliates include	ed?
		SPRINGFIELD, VA 221512205	If"No	," attach a lı	st (see instructions)
. Ta	v-even	npt status	H(c) Group	exemption	number ►
Lia	x-exem	inpresented 501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 527			
ı w	ebsite	e: ► WWW GUNOWNERS ORG			
K For	m of or	ganization Corporation Trust Association Other	L Year of form	nation 1976	M State of legal domicile CA
	rt I	Summary			
		Briefly describe the organization's mission or most significant activities			
Governance		TO PRESERVE, PROTECT AND DEFEND THE SECOND AMENDMENT RIGHT AND DEVELOPING A GREATER UNDERSTANDING AND AWARENESS REGATION FIREARMS OWNERSHIP, AND CONDUCTING EDUCATION AND ADVOCAC	RDING THE I	M P O R T A N C	E AND BENEFITS OF
<u>ভূ</u>	'				
9	2	Check this box 🔭 if the organization discontinued its operations or disposed	of more than 25	5% of its net	assets
		Number of voting members of the governing body (Part VI, line 1a)		3	1
8		Number of independent voting members of the governing body (Part VI, line 1b		4	
Activities &		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	
5	1			6	
4		Total number of volunteers (estimate if necessary)			
		Total unrelated business revenue from Part VIII, column (C), line 12		76	
	Ь	Net unrelated business taxable income from Form 990-T, line 34		71	
			Prior	Year	Current Year
a.	8	Contributions and grants (Part VIII, line 1h)		2,225,994	1,806,410
Revenue	9	Program service revenue (Part VIII, line 2g)		0	0
9,6	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		399	89
—	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,191	43,371
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e	2,244,584	1,849,870
	42	12)			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	_	0	0
92	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines (10)	5-	627,103	663,616
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	
<u>क</u>					
五	Ь	Total fundraising expenses (Part IX, column (D), line 25) ►241,021		4 500 470	1.544.050
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,522,470	
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,149,573	
Alle	19	Revenue less expenses Subtract line 18 from line 12		95,011	-355,105
Net Assets or Fund Balances				of Current ear	End of Year
88 W	20	Total assets (Part X, line 16)	"	1,168,483	797,290
A.B.		Total liabilities (Part X, line 26)		48,890	
3 E	21	, , ,		· · · · · · · · · · · · · · · · · · ·	· · · · · ·
_	22	Net assets or fund balances Subtract line 21 from line 20		1,119,593	764,488
Unde		Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying s and belief, it is true, correct, and complete. Declaration of preparer (other than office			
	r penal ledge a	and belief, it is true, correct, and complete. Declaration of preparer (other than office	er) is based on a	II informatior	
anow	r penal ledge a ledge.	and belief, it is true, correct, and complete. Declaration of preparer (other than office	er) is based on a	II information	
anow Sign	r penal ledge a ledge.	and belief, it is true, correct, and complete. Declaration of preparer (other than office ****** ****** Signature of officer	er) is based on a	II information	
anow Sign	r penal ledge a ledge.	and belief, it is true, correct, and complete. Declaration of preparer (other than office	er) is based on a	II information	
anow Sign	r penal ledge : ledge.	****** Signature of officer LAWRENCE PRATT EXECUTIVE DIRECTOR Type or print name and title Print/Type Preparer's signature	201 Dat	II information	of which preparér has any
Sign	r penal ledge : ledge.	****** Signature of officer LAWRENCE PRATT EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name GARY P FITZGERALD GARY P FITZGERALD GARY P FITZGERALD	201 Dat	II information	
Sign Here	r penal ledge a ledge.	****** Signature of officer LAWRENCE PRATT EXECUTIVE DIRECTOR Type or print name and title Print/Type Preparer's signature	201 Dat	II information	of which preparér has any
Sign Hero Paid	r penal ledge : ledge.	****** Signature of officer LAWRENCE PRATT EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name GARY P FITZGERALD GARY P FITZGERALD GARY P FITZGERALD	201 Dat	II information	of which preparer has any

May the IRS discuss this return with the preparer shown above? (see instructions)

Forn	n 990 (2	2010)					Page
Pai	rt III		of Program Servi dule O contains a resp		lishments uestion in this Part III .		৮
1	Briefl	y describe the o	organization's mission				
DEV	ELOPI	NG Å GREATER	UNDERSTANDING A	ND AWAREN	IDMENT RIGHTS OF GUN ESS REGARDING THE IMF Y RELATED TO SUCH RIG	PORTANCE AND BENE	
	Did th	e organization i	indertake any significa	ant program se	ervices during the year whic	h were not listed on	
-		or Form 990 or			· · · · · · ·		┌ Yes ┌ No
	If "Ye	s," describe the	se new services on Sc	hedule O			
3		e organization o	• .	nake sıgnıfıcar	nt changes in how it conduc	ts, any program • • • • • •	┌ Yes ┌ No
	If "Ye	s," describe the	se changes on Schedu	ile O			
4	Section	on 501(c)(3) an	d 501(c)(4) organızatı	ons and secti	ne organization's three large on 4947(a)(1) trusts are re any, for each program servi	quired to report the amo	•
4a	(Code	9) (Expenses \$	505,727	ıncludıng grants of \$) (Revenue \$)
	INFOR	RMATION AND PUBL	IC SERVICE INFORMATION	IAL ACTIVITIES A	ND ADVOCACY RELATING TO THE	ISSUE OF FIREARM OWNERS	SHIP RIGHTS IN AMERICA
4b	(Code	2) (Expenses \$	332,633	ıncludıng grants of \$) (Revenue \$)
		SLETTER DEVELOPN FS ISSUE	MENT OF ADDITIONAL CONS	STITUTIONAL AND	CIVIL RIGHTS ACTIVISTS, DISSE	MINATION OF NEWS AND AN	ALYSIS ON STATE FIREARMS
	(Code	2) (Expenses \$	751,521	ıncludıng grants of \$) (Revenue \$)

MEMBERSHIP TO UPDATE AND INFORM MEMBERS ON THE PROGRESS, ACCOMPLISHMENTS, AND FUTURE PROGRAMS OF THE ORGANIZATION

) (Revenue \$

Other program services (Describe in Schedule O) See also Additional Data for Description

1,606,579

16,698 including grants of \$

4d

(Expenses \$

Total program service expenses►\$

Part IV Checklist of Required Schedu	ıes
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏 🔒 .	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

-	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7: 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	guestion in this Part VI					

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	December of the community of the communi			
	Does the organization have local chapters, branches, or anniates?	10a		Νo
	Does the organization have local chapters, branches, or affiliates?	10a 10b		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		Yes	No
b 11a	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	No
b 11a b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	No
b 11a b 12a b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b 11a	Yes	
b 11a b 12a b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b 11a 12a 12b 12c	Yes	No
b 11a b 12a b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b 11a 12a 12b	Yes	
b 11a b 12a b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b 11a 12a 12b 12c	Yes	No
b 11a b 12a c 13 14	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b 11a 12a 12b 12c 13	Yes	No
b 11a b 12a c 13 14 15 a	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b 11a 12a 12b 12c 13	Yes	No
b 11a b 12a c 13 14 15 a	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b 11a 12a 12b 12c 13 14	Yes	No No No
b 11a b 12a c 13 14 15 a	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b 11a 12a 12b 12c 13 14	Yes	No No No
b 11a b 12a c 13 14 15 a b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b 11a 12a 12b 12c 13 14	Yes	No No No
b 11a b 12a c 13 14 15 a b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No No

- 17 List the States with which a copy of this Form 990 is required to be filed ►VA, PA, SC, KS, WV, ME
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 LARRY PRATT EXECUTIVE DIRECTOR 8001 FORBES PLACE 102

SPRINGFIELD, VA 221512205

(703) 321-8585

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization	•	lated or	ganız	atio	n co	mpens	ate	d any current office	r, dırector, or trust	e e
(A) Name and Title	(B) A verage hours		((tion (hat a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) LAWRENCE D PRATT EXEC DIRECTOR/OFFICER	30 00	х		х				65,000	72,500	0
(2) TIM MACY VICE CHAIRMAN/DIRECTOR	30 00	х		х				114,000	0	0
(3) SAM PAREDES DIRECTOR	5 00	х						О	67,546	0
(4) JERRY OGNIBENE DIRECTOR	5 00	х						0	0	0
(5) HL RICHARDSON CHAIRMAN/OFFICER	10 00	х		х				25,000	49,000	0
									_	
	•									Form 990 (2010)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title (B) Average hours (C) Position (check all compensation that apply) (D) Reportable compensation	(E) Reportable compensation		(F) Estima	ated fother
per week (describe hours for related organizations in Schedule O) from Schedule O)		o	compens from t rganizati relati organiza	the ion and ed
1b Sub-Total				
c Total from continuation sheets to Part VII, Section A				
d Total (add lines 1b and 1c)		5		0
Total number of individuals (including but not limited to those listed above) who received more the \$100,000 in reportable compensation from the organization►1	ian			
			Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compen	sated employee			
on line 1a? If "Yes," complete Schedule J for such individual		3		No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for sundividual		4		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization? If "Yes," complete Schedule J for such person	or individual for	5	Yes	
Section B. Independent Contractors				
1 Complete this table for your five highest compensated independent contractors that received mo	re than			
\$100,000 of compensation from the organization (A) Name and business address Des	(B) cription of services		(C Compen	

(A) Name and business address	(B) Description of services	(C) Compensation
VOTE RITE SYSTEMS INC 3440 VIKING DRIVE SUITE 105 SACRAMENTO, CA 95827	COMPUTER SERVICES	114,000
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

	Statement of Revenue	Т	/A \	/P)	(6)	(D)
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns 1a					
b	Membership dues 1b	399,052				
c	Fundraising events 1c	2,865				
d	Related organizations 1d					
e	Government grants (contributions) 1e					
f	All other contributions, gifts, grants, and 1f	1,404,493				İ
	similar amounts not included above Noncash contributions included in lines 1a-1f \$					
g	Notices in contributions included in lines 1d 11 \$					
la b c d e f g	Total. Add lines 1a-1f	. ►	1,806,410			
		Business Code				
2a						
Ь						
c	·					
ď						
e e						
	All other program of the control of					
'	All other program service revenue					
g	Total. Add lines 2a-2f					
3	Investment income (including dividends, inter	rest				
	and other similar amounts)	•	89			89
4	Income from investment of tax-exempt bond proceeds	· · · · · · · · · · · · · · · · · · ·				
5	Royalties					
		(II) Personal				
6a	Gross Rents Less rental					
Ь	expenses					
C	Rental income or (loss)					
d	Net rental income or (loss)					
	(ı) Securities	(II) O ther				
7a	Gross amount from sales of					
	assets other than inventory					
ь	Less cost or					
	other basis and sales expenses					
	Gain or (loss)					
	Net gain or (loss)					
8a	Gross income from fundraising events (not including					
	\$ 2,865					
	of contributions reported on line 1c)					
	See Part IV, line 18 a					
Ь	Less direct expenses b	0				
	Net income or (loss) from fundraising events		0			
	Gross income from gaming activities See					
	Part IV, line 19 . a					
b	Less direct expenses					
	b					
	Net income or (loss) from gaming activities	•				
10a	Gross sales of inventory, less returns and allowances .					
_	•	60,813				
	Less cost of goods sold b Net income or (loss) from sales of inventory	17,442 ►	43,371	43,371		
 	Miscellaneous Revenue	Business Code	.5,571	,,,,,		
L						
11a						
1 .		·				L
Ь						
b c	All other revenue					
b c d	All other revenue Total. Add lines 11a-11d					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.							
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$				_		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	204,000	191,000	6,500	6,500		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	408,393	292,094	44,668	71,631		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes	51,223	39,948	4,462	6,813		
а	Fees for services (non-employees) Management						
b	Legal						
c	Accounting	64,450	2,352	62,098			
d	Lobbying						
e	Professional fundraising services See Part IV, line 17						
f	Investment management fees						
g	Other	57,220	57,220				
12	Advertising and promotion	734	367		367		
13	Office expenses	52,059	39,908	4,809	7,342		
14	Information technology	165,571	149,013	8,279	8,279		
15	Royalties						
16	Occupancy	117,539	91,666	10,239	15,634		
17	Travel	67,758	57,440	3,439	6,879		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	14,779	11,526	1,287	1,966		
23	Insurance	190,528	148,588	16,597	25,343		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)						
а		248,088	191,451		56,637		
b	PRINTING AND PUBLICATIO	162,089	132,457		29,632		
с	BAD DEBT EXPENSE	156,577	,	156,577	<u> </u>		
d	RADIO SHOWS	105,756	105,756	,,			
e	CONTRIBUTIONS	37,139	37,139				
f	All other expenses	101,072	58,654	38,420	3,998		
25	Total functional expenses. Add lines 1 through 24f	2,204,975	1,606,579	357,375	241,021		
26	Joint costs. Check here ► 🔽 if following	, , ,	,,	1,21,2			
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a						
	combined educational campaign and fundraising solicitation	452,851	328,626	0	124,225		

Part X Balance Sheet (B) (A) Beginning of year End of year 195.889 1 88,964 588.143 2 454,379 2 Savings and temporary cash investments 3 3 293,174 4 182,086 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 17,417 12,032 8 Inventories for sale or use 57,528 Prepaid expenses and deferred charges 39,057 10a Land, buildings, and equipment cost or other basis Complete Part 219,736 10a VI of Schedule D 10b 198,964 16,332 10c 20,772 ь Less accumulated depreciation 11 Investments—publicly traded securities . 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 15 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1,168,483 16 797,290 48,890 32,802 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 Tax-exempt bond liabilities 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 48.890 26 Total liabilities. Add lines 17 through 25 26 32.802 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 1,100,727 27 747,502 27 Unrestricted net assets 18,866 16,986 28 Temporarily restricted net assets 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 ¥ 1,119,593 33 33 764,488 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 1,168,483 797,290 34

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.8	349,87
2	Total expenses (must equal Part IX, column (A), line 25)	2			204,97
3	Revenue less expenses Subtract line 2 from line 1	3			355,10
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,1	119,59
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		7	764,48
Pai	The contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of to audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O	n	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in	ŀ			INO
u	on a separate basis, consolidated basis, or both	Jucu			
	▼ Separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Additional Data

Software ID: Software Version:

EIN: 52-1256643

Name: GUN OWNERS OF AMERICA INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	services				
(Code) (Expenses \$	16,698	including grants of \$) (Revenue \$)
LEGAL DEFENSE	RESEARCH AND ASSISTANCE TO	THEPL	JBLIC ON LEGAL ISSU	UES CONCERNING SECOND AMENDM	ENT AND
OTHER FIREARMS	S-RELATED MATTERS				

DLN: 93493278002421

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

ication number
cation number
rganization.
<u> </u>
05.275
85,275
┌ Yes
┌ Yes ┌ No
c)(3).
85,275
85,275
┌ Yes ┌ No
o which the filing ids Also enter the zation, such as a n in Part IV
(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
nd n (•

Sc	nedule C (Form 990 or 990-EZ) 2010			Page 2
Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) ar	nd filed Form 5768	(election
	Check I if the filing organization belongs to a	an affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a	expenditures	(a) Filing Organization's Totals	(b) Affiliated Group Totals
	Total lobbying expenditures to influence public o			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1	b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er - 0 -		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form 472	20 reporting	┌ Yes ┌ No
	(Some organizations that made a	veraging Period Under Section 501(h) section 501(h) election do not have to he instructions for lines 2a through 2f	o complete all of th	ie five

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

che	edule C (Form 990 or 990-EZ) 2010				Р	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT f	led F	orm	5768	3
		(;	a)		(b)	
		Yes	No	4	A mour	it
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	V olunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i		l			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912		l			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5),	or s	ectio	n
	501(c)(6).				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2	162	No
			-	3		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? rt III-B Complete if the organization is exempt under section 501(c)(4), section 5	01/6	\/E\		ostio	
'a L	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				ectio	
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
Ь	Carryover from last year	2b				

Taxable amount of lobbying and political expenditures (see instructions) Part IV **Supplemental Information**

political expenditure next year?

c Total

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

Ident if ier Return Reference Explanation 2c 3

4

5

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493278002421

OMB No 1545-0047

Open to Public

Department of the Treasury

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

ernal Revenue Service	► Attach to F	orm 990. ▶ See separate instructions.		Inspec	tion
Name of the orga			Empl	loyer identification numb	er
GUN OWNERS OF AM	1ERICA INC		52 1	1256643	
Part I Orga	nnizations Maintaining Donor A	dvised Funds or Other Simila			ete if the
	nization answered "Yes" to Form 99				
		(a) Donor advised funds	(b) Funds and other acco	unts
. Total number	rat end of year				
Aggregate co	ontributions to (during year)				
Aggregate gr	ants from (during year)				
Aggregate va	alue at end of year				
_	nization inform all donors and donor adv e organization's property, subject to the			sed Yes	☐ No
used only for	nization inform all grantees, donors, and r charitable purposes and not for the ber apermissible private benefit				∏ No
Part II Cons	servation Easements. Complete	ıf the organization answered "Ye	s" to Form	n 990, Part IV, line 7.	
Preserva Protecta Preserva Complete lin	of conservation easements held by the o ation of land for public use (e g , recreat on of natural habitat ation of open space les 2a-2d if the organization held a qual on the last day of the tax year	on or pleasure)	of a certified	d historic structure	ea
				Held at the End of th	e Year
a Total numbe	r of conservation easements		2a		
b Total acreag	e restricted by conservation easements		2b		
c Number of co	onservation easements on a certified his	storic structure included in (a)	2c		
d Number of co	onservation easements included in (c) a	cquired after 8/17/06	2d		
	onservation easements modified, transfe year ▶	erred, released, extinguished, or termii	nated by th	e organization during	
Number of st	tates where property subject to conserv	ation easement is located ►			
	ganization have a written policy regardin of the conservation easements it holds		handling of	violations, and	┌ No
Staff and vol	unteer hours devoted to monitoring, ins	pecting and enforcing conservation ea	sements du	uring the year ►	
A mount of ex	xpenses incurred in monitoring, inspecti	ng, and enforcing conservation easem	ents during	; the year ► \$	
	onservation easement reported on line 2)(i) and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of	section	☐ Yes	☐ No
balance shee	describe how the organization reports c et, and include, if applicable, the text of tion's accounting for conservation easer	the footnote to the organization's finan	•		
	nizations Maintaining Collection plete if the organization answered			ner Similar Assets.	
art, historica	zation elected, as permitted under SFA S al treasures, or other similar assets held art XIV, the text of the footnote to its fir	for public exhibition, education or res	earch ın fui		ce,
historical tre	zation elected, as permitted under SFA S easures, or other similar assets held for following amounts relating to these items	public exhibition, education, or resear		The state of the s	
(i) Revenues	s included in Form 990, Part VIII, line 1			- \$	
(ii) _{Assets ır}	ncluded in Form 990, Part X			▶ \$	
If the organiz	zation received or held works of art, hist ounts required to be reported under SFA		ts for financ	•	
a Revenues in	cluded in Form 990 Part VIII line 1			b- ¢	

Assets included in Form 990, Part X

Ing the organization's accession and othe ms (check all that apply) Public exhibition Scholarly research Preservation for future generations ovide a description of the organization's cort XIV Iring the year, did the organization solicities sets to be sold to raise funds rather than the sets to be sold to raise funds rather than the part IV, line 9, or reported an an	ollections and expla or receive donations o be maintained as	d e	Γ		orexch	a significa		e of its collec	tion	
Scholarly research Preservation for future generations ovide a description of the organization's cont XIV ring the year, did the organization solicity sets to be sold to raise funds rather than the control of the	or receive donations o be maintained as	d e ain hov	Γ			ange prog	ams			
Preservation for future generations ovide a description of the organization's cort XIV ring the year, did the organization solicit of sets to be sold to raise funds rather than the Escrow and Custodial Arrang	or receive donations o be maintained as	e ain hov	Γ	O the	r					
ovide a description of the organization's cort XIV Iring the year, did the organization solicit of the sets to be sold to raise funds rather than the secretary and Custodial Arrang	or receive donations o be maintained as	ıın hov								
ovide a description of the organization's cort XIV Iring the year, did the organization solicit of the sets to be sold to raise funds rather than the secretary and Custodial Arrang	or receive donations o be maintained as	ıın hov								
rt XIV ring the year, did the organization solicit of sets to be sold to raise funds rather than the sets to be sold to raise funds.	or receive donations o be maintained as	1111 1101	** + h a :	, furth	ar tha ar	anniantion	/a av	amat auracce	ın	
sets to be sold to raise funds rather than t Escrow and Custodial Arrang	o be maintained as		w the	y iurtne	er the or	ganization	is ex	empt purpose	III	
Escrow and Custodial Arrang									┌ Yes	□ No
rait IV, line 3, or reported an an		ete ıf	the	organ	ızatıon				·	1 110
the organization an agent, trustee, custod luded on Form 990, Part X?				•		other ass	ets n		☐ Yes	 Г No
'Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г				
						-	_	Ar	nount	
						-				
						-				
•							1f			
-	· ·	e 21?							│ Yes	☐ No
Endowment Funds. Complete									(a)Four	Voors Book
gunning of year halance	(a)Curient real	(D	PHOL	rear	(C)IWO	Teals back	(4)	illee rears back	(e)roui	Teals back
							1			
							+			
•										
·										
Iministrative expenses										
d of year balance										
ovide the estimated percentage of the yea	r end balance held	as			•					
ard designated or quasi-endowment										
,										
	ssion of the organiz	ation	that a	are helo	d and ad	lmınıstere	d for t	he		
	,								Yes	s No
unrelated organizations										
									 	-
							•	3	ь	
					00 D-		10			
Investments—Land, Buildings	s, and Equipme	<u>πτ. 5</u>								
Description of investment						, ,		` '	1 (4)	Book value
d										
dings		•								
sehold improvements										
ıpment						21	9,736	198,	964	20,772
er	<u></u>	•								0
dd lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colui	mn (B)), line	10(c).)		_			20,772
	eginning balance dditions during the year istributions during the year inding balance d the organization include an amount on Fo "Yes," explain the arrangement in Part XIV Endowment Funds. Complete in eginning of year balance entributions evestment earnings or losses entributions expenditures for facilities entry expenditures entry expenditures entry expenditures entry expenditures entry expenditures expenditures entry expenditures entry expenditures entry expenditures entry expenditures expenditures expenditures expenditures expenditures entry expenditures expenditures entry expenditures expendi	"Yes," explain the arrangement in Part XIV and complete the eginning balance diditions during the year istributions during the year inding balance did the organization include an amount on Form 990, Part X, Inn "Yes," explain the arrangement in Part XIV Findowment Funds. 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(d) Current Year (b)Pnor Year (c)Two Years Back (d)Three Years Back intributions. (d) Current Year (b)Pnor Year (c)Two Years Back (d)Three Ye	Seginning balance Inc. I

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(B)Book value	Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
		+	
		+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		1 2	
Part VIII Investments—Program Related. See	roi iii 990, Part X, iiile		
(a) Description of investment type	(b) Book value		d of valuation
	(2,200	Cost or end-of	-year market value
		1	
	1		
		+	
	1		
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	le 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion 5.)		(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value

1	Total revenue (Form 990, Part VIII, column (A), line 12)	2	1,849,870
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,204,975
3	Excess or (deficit) for the year Subtract line 2 from line 1	2	-355,105
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-355,105
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,921,051
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	71,181
3	Subtract line 2e from line 1	3	1,849,870
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,849,870
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	2,286,893
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	81,918
3	Subtract line 2e from line 1	3	2,204,975
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,204,975
Pai	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ORGANIZATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE EFFECTIVE JANUARY 1, 2009, THE ORGANIZATION ADOPTED THE NEW ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES GUIDANCE, FASB CODIFICATION TOPIC 740, ACCOUNTING FOR INCOME TAXES THE ACCOUNTING GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION, INTEREST, PENALTIES AND UNRECOGNIZED TAX BENEFITS IN THE APPLICABLE OPERATING EXPENSE ACCOUNT THE ADOPTION OF THE ACCOUNTING GUIDANCE DID NOT HAVE A MATERIAL EFFECT ON THE ORGANIZATIONS FINANCIAL POSITION OR RESULTS OF OPERATIONS
PART XII, LINE 2D - OTHER ADJUSTMENTS		POLITICAL VICTORY FUND INCOME \$53,739 COST OF INVENTORY SOLD ON PART VIII, LINE 10B \$17,442
PART XIII, LINE 2D - OTHER ADJUSTMENTS		POLITICAL VICTORY FUND EXPENSES \$64476 COST OF INVENTORY SOLD ON PART VIII, LINE 10B \$17,442

DLN: 93493278002421

OMB No 1545-0047

Open to Public

Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization GUN OWNERS OF AMERICA INC Employer identification number

52-1256643

Pa	rt I Questions Regarding Compensation				
				Yes	Νo
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to p	•			
	First-class or charter travel	Housing allowance or residence for personal use			1
	Travel for companions	Payments for business use of personal residence			1
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organic reimbursement orprovision of all the expenses described		1b		
2	Did the organization require substantiation prior to reimb officers, directors, trustees, and the CEO/Executive Dire	,	2		
3	Indicate which, if any, of the following the organization us organization's CEO/Executive Director Check all that a				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part or a related organization	VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payr	nent from the organization or a related organization?	4a		Νo
ь	Participate in, or receive payment from, a supplemental i	nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based	compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	e the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must co	omplete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
Ь	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6.		7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid				
	subject to the initial contract exception described in Reg in Part III	s section 53 4958-4(a)(3)? If "Yes," describe	_		l
			8		No
9	If "Yes" to line 8, did the organization also follow the reb section 53 4958-6(c)?	uttable presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficits	(B)(I)-(D)	Form 990 or Form 990-EZ
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
		<u> </u>		•	1		

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	,	MR JERRY OGNIBENE IS VOTE RITE SYSTEMS, INC 100% OWNER AND PRESIDENT IS ALSO A GOA DIRECTOR VRSI RECEIVED PAYMENT OF \$121,292 FOR COMPUTER SERVICES BY GOA

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493278002421

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization GUN OWNERS OF AMERICA INC							E	mployer i	dentifica	ation numbe	er
							5	2-12566	43		
Part I Excess Benefit Trai	nsact	ions (s	ection 501	(c)(3) a	and section 501	(c)(4)	organ	zations	only).		
Complete if the organizat										ine 40b	
1 (a) Name of disq										(c) Correcte	
1 (a) Name of disq	uaiiiie	person			(b) Desc	ription	of trans	action		Yes	No
				1						- 	
				1							
											-
2 Enter the amount of tax impos								year unde ••	r - +		
	•								* —		
3 Enter the amount of tax, If any	, on lin	e 2, abo	ve, reimburs	sed by th	ne organization .			P	· \$		
Part II Loans to and/or I	Erom	Intore	stad Dare								
Part II Loans to and/or I Complete if the organiz					2 Dawt IV June 26	a Fa	000	E 7 D = ** \ \	. l.ma 20		
Complete if the organi.	Zation a	answere	d tes one	om 990	J, Part IV, line 26	, or Fori	11 990-		, line 3 c	sa	
	1 ' '	oan to				(e) 1	ſn	(f) Approved		(g)Written	
(a) Name of interested person and	1	om the	(c)0 rig		(d)Balance due	defau		by boar		agreement?	
purpose	organ	ızatıon?	principal a	amount	(-,			commit			
	То	From	1			Yes	No	Yes	No	Yes	No
	1	+									
				_							
Total				▶ \$							
Part IIII Grants or Assistar											
Complete if the orga							27.				
(a) Name of interested pers	on	(b) Relationsh	hıp betw	een interested per	rson	(c) 4 r	nount of a	rant or t	ype of assis	stance
(a) Name of interested pers			ar	nd the or	ganızatıon		(0)///			, pe or assis	
		-+				-					

Part IV	Business	Transactions	Involvina	Interested	Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organiz	arıng of zatıon's nues?
	organization			Yes	No
(1) VOTE RITE SYSTEMS INC	ENTITY 100% OWNED BY JERRY OGNIBENE, DIRECTOR	114,000	COMPUTER SERVICES		No
					T
					1

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493278002421

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization GUN OWNERS OF AMERICA INC

Employer identification number

52-1256643

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		H L RICHARDSON IS FATHER-IN-LAW OF SAMUEL PAREDES

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		ALL MEMBERS OF THE BOARD OF DIRECTORS, AS WELL AS THE ORGANIZATION'S LEGAL COUNSEL, REVIEWED THE 2010 FORM 990 BEFORE IT WAS FILED

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	COPIES OF THE ORGANIZATIONS'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIALS STATEMENTS ARE NOT ROUTINELY MADE AVAILABLE TO THE PUBLIC

DLN: 93493278002421

2010

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

(1 01111 000)

Department of the Treasury

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Internal Revenue Service

Name of the organization
GUN OWNERS OF AMERICA INC

Employer identification number

52-1256643

Part I Identification of Disregarded Entities (Comp	olete if the organizatio	n answered "Yes"	on Form 990, Pa	rt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		f the organization	answered "Yes" (n Form 990, Part	IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5: conti	g) 12(b)(1 rolled ızatıon
						Yes	No
(1) GUN OWNERS FOUNDATION 8001 FORBES PLACE SUITE 102 SPRINGFIELD, VA 22151	2ND AMENDMENT-RELATED EDUCATION AND LEGAL ASSISTANCE	VA	501(C)(3)	LINE 7	N/A		No
52-1297380 (2) GUN OWNERS OF CALIFORNIA INC							
7996 CALIFORNIA AVE SUITE F FAIR OAKS, CA 95628	2ND AMENDMENT-RELATED EDUCATION AND LEGAL ASSISTANCE	CA	501(C)(4)		N/A		No
94-2832298							

				ble as a Partner s reated as a partne					answe	ered "Y	es" on Fo	rm 990,	Part :	IV, lır	ne 34
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share of to	f) tal income	Share of	(g) f end-of-year assets	(h Disprop allocat	rtionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j Gener mana partr	al or ging	(k) Percentage ownership
									Yes	No			Yes	No	
				ble as a Corpora ations treated as a							nswered "Y	'es" on	Form	990,	Part IV,
	(a) d EIN of related organiza		(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct con entit	trolling	(e) Type of er (C corp, S or trust	ntity corp,		(f) total income	end-o	e of		(h) Percentage ownership
											_				

(6)

Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more rel	ated organizations listed in Pa	rts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b Gift, grant, or capital contribution to other organization(s)			1b		No
c Gift, grant, or capital contribution from other organization(s)			1c		No
d Loans or loan guarantees to or for other organization(s)			1d		No
e Loans or loan guarantees by other organization(s)			1e		No
f Sale of assets to other organization(s)			1f		No
g Purchase of assets from other organization(s)			1 g		No
h Exchange of assets			1h		No
i Lease of facilities, equipment, or other assets to other organization(s)			1i		No
j Lease of facilities, equipment, or other assets from other organization(s)			1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)			1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)					
m Sharing of facilities, equipment, mailing lists, or other assets			1m	Yes	
n Sharing of paid employees			1n	Yes	
o Reimbursement paid to other organization for expenses			10		No
p Reimbursement paid by other organization for expenses			1р		No
q O ther transfer of cash or property to other organization(s)			1 q		No
r Other transfer of cash or property from other organization(s)			1r		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including covered rela	tionships and transacti	on thresholds		
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determi involve		ount
1) GUN OWNERS FOUNDATION	М				,
(2) GUN OWNERS FOUNDATION	N				
3)					_
(4)					
(5)					

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	ag ing tner?
			Yes	No		Yes	No		Yes	No
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2010

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493278002421

OMB No 1545-0172

Form 4562

Attachment Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates Identifying number GUN OWNERS OF AMERICA INC FORM 990 PAGE 10 52-1256643 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election **16** Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 8,666 18 If you are electing to group any assets placed in service during the tax year into one or more . 📂 general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property See Add'l Data See Add'l Data **b** 5-year property **c** 7-year property d 10-year property **e** 15-year property **f** 20-year property g 25-year property 25 yrs S/L h Residential rental 27 5 yrs MM S/L property 27 5 yrs ΜМ S/L 39 yrs ММ S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year ММ S/L 40 yrs **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 11,068 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

43 A mortization of costs that began before your 2010 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

Form 4562 (2010) Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes." is the evidence written? (c) (e) (i) Business/ (b) (d) (f) (g) (h) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment vehicles first) basis period Convention deduction service use use only) cost percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 1 Vehicle 4 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? **40** Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (c) (d) (f) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year begins percentage 42 A mortization of costs that begins during your 2010 tax year (see instructions)

43

44

Additional Data

Software ID: Software Version:

EIN: 52-1256643

Name: GUN OWNERS OF AMERICA INC

Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System:

(a) Classification of property	(b) Month and year placed in	(c) Basis for depreciation (business/invest ment use	(d) Recovery period	(e) Convention	(f) Method	(g)Depreciation deduction
	service	only—see instructions)				
a 3-year property		849	3 0	HY	S/L	142
a 3-year property		834	3 0	HY	S/L	139
a 3-year property		576	3 0	HY	S/L	96
a 3-year property		839	3 0	HY	S/L	140
a 3-year property		1,110	3 0	HY	S/L	185
a 3-year property		776	3 0	HY	S/L	129
a 3-year property		734	3 0	HY	S/L	122
a 3-year property		1,468	3 0	НҮ	S/L	245

Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System:

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g)Depreciation deduction
b 5-year property		4,085	5 0	HY	S/L	409
b 5-year property		7,048	5 0	HY	S/L	705
b 5-year property]	900	5 0	HY	S/L	90